

Efudex

(fluorouracil)
cream/solution

In the treatment of
solar/actinic keratoses—
An alternative
to cold, fire and steel

2/23/68

Before treatment with 5% 5-FU cream. Patient R. G., 78 years old, shows extensive skin changes due to weathering and severe solar/actinic keratoses.

3/26/68

Following one month of therapy. Intense erythematous reaction is seen at sites of keratoses. Normal skin has not reacted. Some areas which had reacted initially have undergone healing despite continued topical application of 5% 5-FU.

6/11/68

Ten weeks after discontinuance of therapy. All areas have healed completely. Residual mild erythema remains in some areas. This patient also had seborrheic keratoses which, as expected, have not reacted. There is no evidence of residual lesions or recurrences.





Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

An alternative to conventional therapy

Efudex (fluorouracil) offers the physician a topical alternative to cryosurgery, electrodesiccation and cold-knife surgery in the treatment of solar/actinic keratoses. It is effective, comparatively inexpensive and especially well suited for treatment of these multiple lesions. Important, too, is the highly desirable cosmetic result. Clinical experience demonstrates that treatment with Efudex results in an extremely low incidence of scarring.*

Highly effective

In clinical trials, depending on the dosage form and strength used, complete involution occurred in 77 to 88 per cent of lesions following treatment. The rate of recurrence was low, ranging from 1.7 to 5.6 per cent up to a year after completion of therapy. When new lesions appeared, repeated courses of Efudex therapy proved effective.*

Predictable therapeutic response

Two to four weeks constitutes a typical course of Efudex therapy. The response is usually characteristic and predictable. After three or four days of treatment, erythema begins to appear in the area of keratoses. This is followed by an intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of the inflammatory reaction generally occurs two weeks after the start of therapy, and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. A mild erythema may remain for two or three months before gradually receding. Since this response is so predictable, lesions which do not respond should be biopsied.

Two strengths—two dosage forms

Efudex is available as a 2% or 5% solution or as a 5% cream. It is applied twice daily by the patient with a nonmetal applicator or suitable glove.

Before prescribing Efudex, however, two important considerations: First, please consult the complete prescribing information for precautions, warnings

and adverse reactions. Second, advise the patient that treated lesions should respond with the characteristic but transient inflammation. A positive sign that Efudex is working for them.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

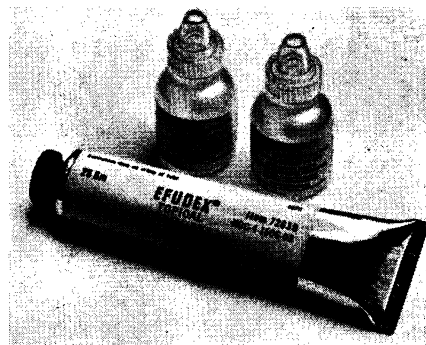
Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Efudex Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)-aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Efudex Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing-cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).



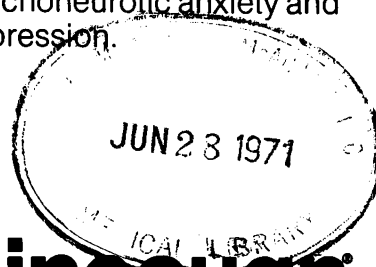
new
Efudex[®]
(fluorouracil)
cream/solution

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

disturbing
duality...

psychic stress and somatic symptoms

The intertwining of psychic stress and somatic symptoms often confuses and distorts the patient's clinical profile. Sinequan (doxepin HCl) can help clarify the origin of somatic symptoms by relieving the causative, or accompanying, psychoneurotic anxiety and depression.



Sinequan
DOXEPIN HCl



Starting dosage:
25 mg. t.i.d.
for mild to moderate
symptomatology



**The tranquilizer that is
an antidepressant.
The antidepressant that
is a tranquilizer.**

BRIEF SUMMARY

Sinequan (doxepin HCl) Capsules

Contraindications. Sinequan (doxepin HCl) is contraindicated in individuals who have shown hypersensitivity to the drug.

Sinequan (doxepin HCl) is contraindicated in patients with glaucoma or a tendency to urinary retention.

Warnings. *Usage in Pregnancy:* Sinequan (doxepin HCl) has not been studied in the pregnant patient. It should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of Sinequan (doxepin HCl) in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors: Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with Sinequan (doxepin HCl). The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Precautions. Since drowsiness may occur with the use of this drug, patients should be warned of that possibility and cautioned against driving a car or operating dangerous machinery while taking this drug.

Patients should also be cautioned that their re-

sponse to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy.

Although Sinequan (doxepin HCl) has significant tranquilizing activity, the possibility of activation of psychotic symptoms should be kept in mind.

Other structurally related psychotherapeutic agents (e.g., iminodibenzyls and dibenzocycloheptenes) are capable of blocking the effects of guanethidine and similarly acting compounds in both the animal and man. Sinequan (doxepin HCl), however, does not show this effect in animals. At the usual clinical dosage, 75 to 150 mg. per day, Sinequan (doxepin HCl) can be given concomitantly with guanethidine and related compounds without blocking the antihypertensive effect. At doses of 300 mg. per day or above, Sinequan (doxepin HCl) does exert a significant blocking effect. In addition, Sinequan (doxepin HCl) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of tachycardia seen clinically.

Adverse Reactions. *Anticholinergic Effects:* Dry mouth, blurred vision, and constipation have been reported. They are usually mild, and often subside with continued therapy or reduction of dose.

Central Nervous System Effects: Drowsiness has been observed. This usually occurs early in the course of treatment, and tends to disappear as therapy is continued.

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported side effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.i.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients an initial dose of 50 mg. t.i.d. may be required with subsequent gradual increase to 300 mg./day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg./day.

In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day.

Although optimal antidepressant response may not be evident for two to three weeks, anti-anxiety activity is rapidly apparent.

Supply. Sinequan (doxepin HCl) is available as capsules containing doxepin HCl equivalent to 10 mg., 25 mg., and 50 mg. of doxepin in bottles of 100; and 25 mg. and 50 mg. in bottles of 1000.

More detailed professional information available on request.



LABORATORIES DIVISION
PFIZER INC., NEW YORK, N.Y. 10017

Anatomy of antacid acceptance

Mouths taste antacids by feel, too. So we set about making our antacid taste good to the texture receptors as well as to the flavor buds. How? By adding "smoothers." The same smoothers responsible for the velvety consistency of many foods.

*Alginate*s in Gelusil-M Liquid... *manna*! In Gelusil-M Tablets.

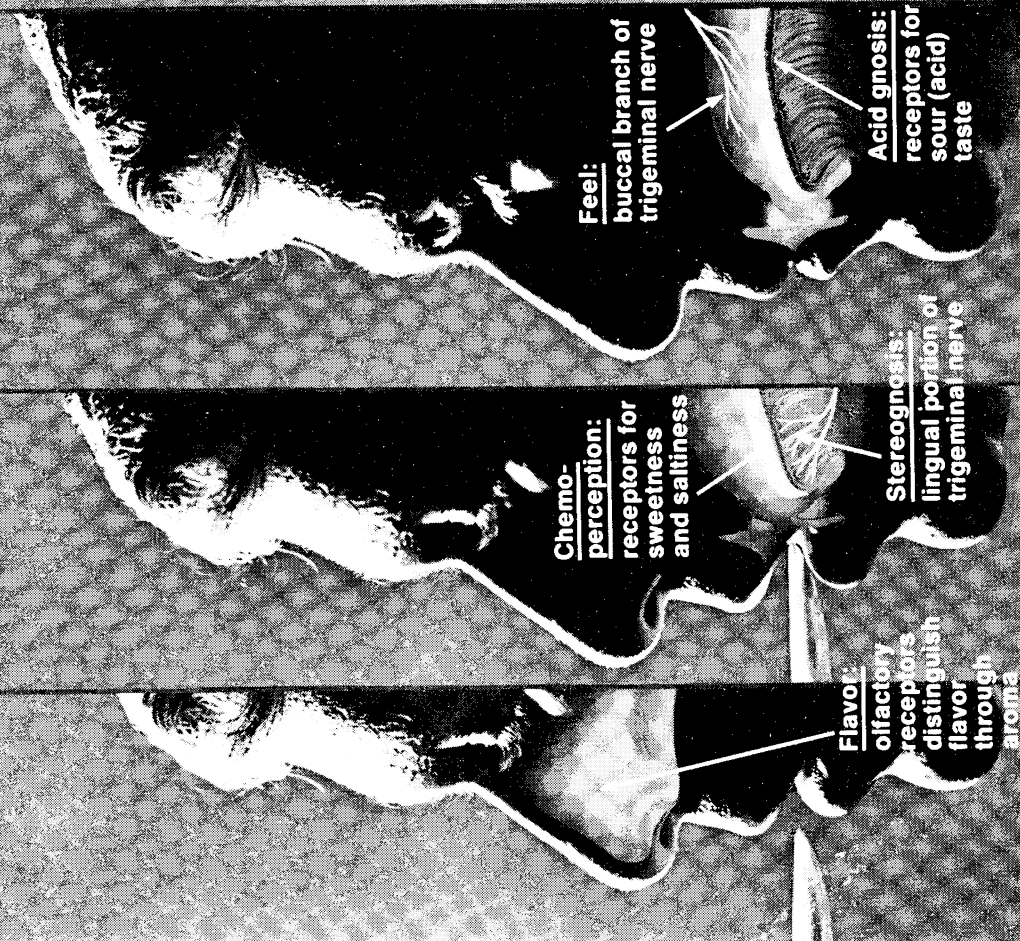
The result. No grittiness. No antacid aftertaste. Just pleasing satin-smooth mouthfeel. In addition to a refreshing spearmint flavor.

Your patients will appreciate the Gelusil-M difference.

Gelusil-M contains magnesium trisilicate, aluminum hydroxide (W/C) and magnesium hydroxide.

 WARNER-CHILCOTT, Morris Plains, New Jersey

A new feel in antacid taste
Gelusil-M
 Liquid Tablets



Flavor:
olfactory
receptors
distinguish
flavor
through
aroma

**Chemo-
perception:**
receptors for
sweetness
and saltiness

Feel:
buccal branch of
trigeminal nerve

Texture:
palatine nerves

**Threshold
stimuli:**
receptors for
bitter taste

Acid gnosis:
receptors for
sour (acid)
taste

Stereognosis:
lingual portion of
trigeminal nerve

Alkaloid gnosis:
lingual branch of
glossopharyngeal
nerve

Flavor:
superior laryngeal
branch of vagus
nerve

**Choose
the smooth road
to thyroid
replacement therapy**



The automatic



transition.

Your patients start thyroid therapy smoothly, easily. They feel better all along the way with no metabolic "bumps."

The gradual physiologic action of T_4 SYNTHROID provides virtually an "automatic" transition through the range of complete thyroid replacement therapy.¹

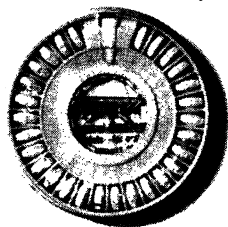
Predictably responsive!

This kind of comfortable patient response has made SYNTHROID the most widely prescribed brand of thyroid drug in the United States. It's a Cadillac of thyroid medications ... with Volkswagen economy.²

The road to normalized thyroid status is a continuous one. You make it smooth and economical with SYNTHROID.

1. The deiodination of T_4 to T_3 at the cellular level has been discussed in the literature. Reprints on the subject are available from the Flint Laboratories Medical Department. Use of T_4 alone therefore provides your patients with a natural hormone combination of T_3 - T_4 .
2. Patient cost of SYNTHROID is less than a penny a day more than desiccated thyroid. SYNTHROID costs patients nearly 50% less than the synthetic combination products: American Druggist BLUEBOOK, March 1970-71

Synthroid®
(sodium levothyroxine)



FREE
MEDICATION DISPENSERS
TO START ALL YOUR PATIENTS ON
SYNTHROID, IN THESE STRENGTHS:
0.05 mg. (white); 0.1 mg. (yellow);
0.15 mg. (violet); 0.2 mg. (pink).

seven color-coded strengths plus injectable

Indications: SYNTHROID (sodium levothyroxine) is specific replacement therapy for diminished or absent thyroid function resulting from primary or secondary atrophy of the gland, congenital defect, surgery, excessive radiation, or antithyroid drugs. Indications for SYNTHROID (sodium levothyroxine) Tablets include myxedema, hypothyroidism without myxedema, hypothyroidism in pregnancy, pediatric and geriatric hypothyroidism, hypopituitary hypothyroidism, simple (non-toxic) goiter, and reproductive disorders associated with hypothyroidism. SYNTHROID (sodium levothyroxine) Injection is indicated in myxedematous coma and other thyroid dysfunctions where rapid replacement of the hormone is required. When a patient does not respond to oral therapy, SYNTHROID (sodium levothyroxine) injection may be administered intravenously to avoid any question of poor absorption by either the oral or the intramuscular route.

Precautions: As with other thyroid preparations, an over-dosage may cause diarrhea or cramps, nervousness, tremors, tachycardia, vomiting and continued weight loss. These effects may begin after four or five days or may not become apparent for one to three weeks. Patients receiving the drug should be observed closely for signs of thyrotoxicosis. If indications of overdosage appear, discontinue medication for 2-6 days, then resume at a lower dosage level. In patients with diabetes mellitus, careful observations should be made for changes in insulin or other antidiabetic drug dosage requirements. If hypothyroidism is accompanied by adrenal insufficiency, as Addison's Disease (chronic subcortical insufficiency), Simmond's Disease (panhypopituitarism) or Cushing's syndrome (hyperadrenism), these dysfunctions must be corrected prior to and during SYNTHROID (sodium levothyroxine) administration. The drug should be administered with caution to patients with cardiovascular disease; development of chest pains or other aggravations of cardiovascular disease requires a reduction in dosage.

Contraindications: Thyrotoxicosis, acute myocardial infarction. **Side effects:** The effects of SYNTHROID (sodium levothyroxine) therapy are slow in being manifested. Side effects, when they do occur, are secondary to increased rates of body metabolism; sweating, heart palpitations with or without pain, leg cramps, and weight loss. Diarrhea, vomiting, and nervousness have also been observed. Myxedematous patients with heart disease have died from abrupt increases in dosage of thyroid drugs. Careful observation of the patient during the beginning of any thyroid therapy will alert the physician to any untoward effects.

In most cases with side effects, a reduction of dosage followed by a more gradual adjustment upward will result in a more accurate indication of the patient's dosage requirements without the appearance of side effects.

Dosage and Administration: The activity of a 0.1 mg. SYNTHROID (sodium levothyroxine) TABLET is equivalent to approximately one grain thyroid, U.S.P. Administer SYNTHROID tablets as a single daily dose, preferably after breakfast. In hypothyroidism without myxedema, the usual initial adult dose is 0.1 mg. daily, and may be increased by 0.1 mg. every 30 days until proper metabolic balance is attained. Clinical evaluation should be made monthly and PBI measurements about every 90 days. Final maintenance dosage will usually range from 0.2-0.4 mg. daily. In adult myxedema, starting dose should be 0.025 mg. daily. The dose may be increased to 0.05 mg. after two weeks and to 0.1 mg. at the end of a second two weeks. The daily dose may be further increased at two-month intervals by 0.1 mg. until the optimum maintenance dose is reached (0.1-1.0 mg. daily).

Supplied: Tablets: 0.025 mg., 0.05 mg., 0.1 mg., 0.15 mg., 0.2 mg., 0.3 mg., 0.5 mg., scored and color-coded, in bottles of 100 and 500. Injection: 500 mcg. lyophilized active ingredient and 10 mg. of Mannitol, N.F., in 10 ml. single-dose vial, with 5 ml. vial of Sodium Chloride Injection, U.S.P., as a diluent. SYNTHROID (sodium levothyroxine) INJECTION may be administered intravenously utilizing 200-400 mcg. of a solution containing 100 mcg. per ml. If significant improvement is not shown the following day, a repeat injection of 100-200 mcg. may be given.



FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Morton Grove, Illinois 60053

As your hypothyroid patients travel along the smooth road, let us be of service in these 4 specific ways:

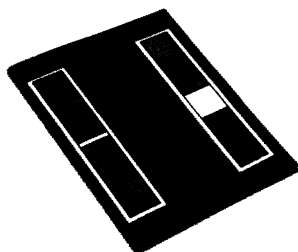


1 FREE FILM AND BOOK ON HYPOTHYROIDISM: In a 30-minute, 16-mm. sound/color film, 5 prominent endocrinologists discuss "Thyroid Deficiency—Current Concepts of Diagnosis and Treatment". Film available on FREE loan to physician groups or hospitals.

A new book, soon to be published, is devoted to the clinical aspects of hypothyroidism. The author, a leading endocrinologist, describes the many faces of the condition and emphasizes the importance of clinical assessment of the patient. Write, or ask your Flint man, to be placed on our list to receive a free copy.

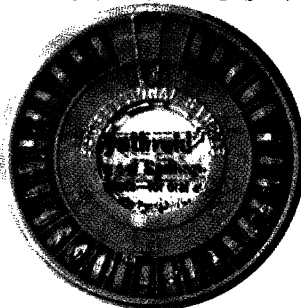


2 NEW THYROID FUNCTION TEST BOOK: Newly published *Guideposts to Thyroid Therapy* discusses the tests most appropriate for use with each type of thyroid medication. Fully describes thyroid function tests and places their relative values in perspective for physicians. It will give you valuable new insights into the role of these tests in diagnosis and treatment. FREE—ask your Flint man.

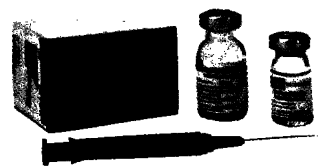


3 TO START THERAPY, FREE TAB-MINDER dispensing units, color-coded to match colors of SYNTHROID tablets in starting dosage strengths. TAB-MINDER helps patients to regularly take the thyroid dosage you prescribe, avoid medication errors. Ask your Flint man.

FREE
MEDICATION DISPENSERS
TO START ALL YOUR PATIENTS ON
SYNTHROID, IN THESE STRENGTHS:
0.05 mg. (white); 0.1 mg. (yellow);
0.15 mg. (violet); 0.2 mg. (pink).



4 SYNTHROID® INJECTION FOR THYROID EMERGENCIES: Whenever (as in myxedema coma) rapid replacement of thyroid hormone is needed to sustain life, prompt clinical response is essential. SYNTHROID INJECTION makes this therapy instantly available. Useful also in postoperative thyroid medication situations until oral therapy can be reinstated. Ask your Flint man for further information.



FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Morton Grove, Illinois 60053

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B — bacitracin — neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip. Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'[®]

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

**For the
prevention
of the
gripping
pain of
angina**



Peritrate® SA

**Sustained Action
(pentaerythritol
tetranitrate) 80 mg**

**A logical choice for the
“new” patient with
angina pectoris.**

**See full prescribing information
on opposite page.**

Peritrate® SA

Sustained Action
(pentaerythritol
tetranitrate) 80 mg

Indications: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is indicated for the relief of angina pectoris (pain associated with coronary artery disease). It is not intended to abort the acute anginal episode but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Contraindications: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is contraindicated in patients who have a history of sensitivity to the drug.

Warning: Data supporting the use of PERITRATE (pentaerythritol tetranitrate) during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents.

Precautions: Should be used with caution in patients who have glaucoma. Tolerance to this drug, and cross-tolerance to other nitrites and nitrates may occur.

Adverse Reactions: Side effects reported to date have been predominantly related to rash (which requires discontinuation of medication) and headache and gastrointestinal distress, which are usually mild and transient with continuation of medication. In some cases severe persistent headaches may occur. In addition, the following adverse reactions to nitrates such as pentaerythritol tetranitrate have been reported in the literature: (a) Cutaneous vasodilatation with flushing. (b) Transient episodes of dizziness and weakness, as well as other signs of cerebral ischemia associated with postural hypotension, may occasionally develop. (c) An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur, even with the usual therapeutic doses. Alcohol may enhance this effect.

Dosage: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg (b.i.d. on an empty stomach), 1 tablet immediately on arising and 1 tablet 12 hours later.

Supplied: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg, bottles of 100 and 1000 tablets.

Additional Dosage Forms: PERITRATE (pentaerythritol tetranitrate) 10 mg and 20 mg tablets with or without phenobarbital 15 mg, bottles of 100 and 1000 tablets. PERITRATE with Phenobarbital SA Sustained Action—pentaerythritol tetranitrate 80 mg and phenobarbital 45 mg, bottles of 100 and 1000 tablets.

Warning: Tablets containing phenobarbital may be habit forming. PERITRATE with Nitroglycerin—pentaerythritol tetranitrate 10 mg with nitroglycerin 0.3 mg, bottles of 50 tablets.



WARNER-CHILCOTT
Morris Plains, New Jersey 07950

PE-GP-11

CLASSIFIED ADVERTISEMENTS

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PHYSICIANS WANTED

EMERGENCY ROOM DOCTOR—\$40,000 plus malpractice insurance coverage, plus fringes. Additional earnings may be available also. Desert area close to Palm Springs. Write Administrator, Hi-Desert Hospital, Yucca Valley, Ca. 92284.

COLLEGE STUDENT HEALTH CENTER needs permanent 10-month physician beginning September, 1971, to work September through June. College located about 50 miles north of San Francisco in rural setting. Salary negotiable. Contact Thomas R. Plowright, M.D., Director, Student Health Service, Sonoma State College, Rohnert Park, California 94928. Phone (707) 795-2383.

PHYSICIANS NEEDED IMMEDIATELY—GPs, Ob-Gyn, Internist, Pediatrician wanted to staff HEW-funded Migrant Health Center and EOE-funded Family Planning clinics in Kern County. \$25,000. Contact KCLM Health Committee, 226½ Bernard Street, Bakersfield, Ca. 93305. (805) 322-4027.

GENERAL PRACTITIONER OR INTERNIST or both, needed by one very busy General Practitioner. Office space available, will remodel to needs of physician. Friendly community, located in the Sierra mountains of northern California, in the heart of skiing, hunting, fishing and swimming area. 12 minutes from modern 14-bed hospital, and two hours away from metropolitan cities. Westwood Chamber of Commerce, Box 1235, Westwood, Ca. 96137. Phone: (916) 256-3662.

WANTED: One or two physicians, 30-50, by four-man general practice group in Sierra Foothills. Ample time off. Lab and X-ray. Two open-staff general hospitals and two convalescent hospitals in town. Good climate, good schools, all sports. \$2,000/month plus percentage, leading to full partnership in three years. Address replies to: John J. FitzGerald, M.D., 905 Spring St., Placerville, Ca. 95667, or call collect (916) 622-0440.

DERMATOLOGIST—Southern California, full- or part-time and percentage gross \$3,000/month. Edward B. Frankel, 5203 Lakewood Boulevard, Lakewood, Ca. 90712.

OCCUPATIONAL PHYSICIAN. Full time position with International Oil Company. Must be board certified or eligible in Internal Medicine or Occupational Medicine. Contact: Don R. Kaserman, M.D., P.O. Box 7600, Los Angeles, Ca. 90054. (213) 482-7600, ext. 2195.

GENERAL PRACTITIONER URGENTLY NEEDED for a growing Sacramento suburban community of approximately 14,000 residents. Area totally without MD's services. Major hospital facilities nearby. Contact: Chamber of Commerce, P.O. Box 75, Rio Linda, Ca. 95673. Attn: Harold Ellsworth, (916) 991-4404.

LOYOLA MARYMOUNT CAMPUS. No night or weekend work—10 month year. Average 40 visits/day. Nurse and secretary staff well trained. Salary open and California license required. Contact: Dr. Robert Crum, (213) 673-3600.

FOUR MAN PARTNERSHIP WANTS GENERAL PRACTITIONER, Internist, or Pediatrician. Salary then partnership. No initial investment necessary. Full x-ray and lab. Large staff. Open staff community hospital nearby. J. V. Hume, M.D., Eaton Avenue Medical Group, 550 W. Eaton Ave., Tracy, Ca. 95376.

GENERAL PRACTICE AVAILABLE, Jan. 1972. Central Calif. Coast. Leaving for residency. Very busy, though easy going, lucrative, enjoyable practice. All specialties immediately available. Lease building and equipment and take over practice. Will introduce. Box 9266, Calif. Med.

STAFF VACANCIES EXIST—INTERNIST OR G.P.—425 bed accredited general hospital, Veterans home, Yountville, Ca. 94599. Contact Manager.

(Continued on page 37)

You can't fell a redwood with a hatchet

With vitamins, too, relative needs determine the choice.

A low potency vitamin formula may be "a good thing." But when the need for vitamins is great, only a *high potency formula* will do.

THERAGRAN is often indicated as a high potency vitamin formula pre- and postoperatively, and in many patients with: arthritis, diabetes, pancreatitis, infectious disease, hepatic disease, cardiac disease, degenerative disease, osteoporosis, alcoholism, dermatologic conditions, psychiatric disorders, malabsorption syndrome, peptic ulcer, ulcerative colitis, other gastrointestinal disease, and during the menopause. Also available with minerals as THERAGRAN-M.

Theragran®
High Potency Vitamin Formula

Theragran®-M
High Potency Vitamin Formula with Minerals

THERAGRAN TABLETS
AND LIQUID CONTAIN 600%
OF THE MINIMUM DAILY
ADULT REQUIREMENT OF
VITAMIN C.

SQUIBB

The Priceless Ingredient Of every product
is the honor and integrity of its maker.™

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When you need that specific something—**NOW**—
call SCHERER...the house with **the** items,
more sizes, **more** complete lines.

SCHERER is known as the "fastest single
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good reason. SCHERER has **more** supply
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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(Formerly WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ADOLESCENT MEDICINE

October 16—Childhood and Adolescence. Napa State Hospital, Imola. Saturday. \$15. 8 hrs. Contact: Magno J. Ortega, M.D., Chief of Professional Education, Napa State Hospital, Box A, Imola 94558. (707) 226-2011, ext. 661.

ALCOHOLISM AND DRUG USE

June 19-20—National Heroin Symposium. Haight-Ashbury Free Medical Clinic, The Psychopharmacology Study Group, UCSF and The Student Association for the Study of Hallucinogens at Medical Science Auditorium, UCSF. Saturday-Sunday. \$30. Contact: David E. Smith, M.D., Department of Pharmacology, UCSF. (415) 666-9000.

June 28-July 2—Community Mental Health Approaches to the Problem of Drugs. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

July 12-16—Community Mental Health Approaches to the Problem of Alcoholism. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

CANCER

June 19-20—Second Annual Physicians Symposium—The Cancer Viewpoint. American Cancer Society, Contra Costa County Unit at Concord Inn, Concord. Saturday-Sunday. Carcinoma of the breast, gynecological carcinoma, gastrointestinal carcinoma, malignant melanoma, pediatric malignancies, lymphomas. Contact: American Cancer Society, Contra Costa County Unit, 2180 N. California St., Walnut Creek 94596. (415) 934-7640.

September 30-December 9—Current Concepts of Medical Oncology. UCLA. Thursdays weekly.

October 30—Cancer Symposium. Kaiser Foundation Hospital, Sacramento. Saturday. Contact: Bette Shephard, Continuing Education, Kaiser Foundation Hospital, 2025 Morse Ave., Sacramento 95825. (916) 486-5965.

Continuously—Tumor Board—Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: Malin Dollinger, M.D., Chairman, Tumor Board, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

- CMA:** California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine — California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.
- UCSF:** University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

MEDICINE

June 16-19—**Third Annual Cerebral Function Symposium.** Annual Cerebral Function Symposium at Hotel del Coronado, Coronado. Wednesday-Saturday. Hemispherectomy and Cerebral Function. \$50. 18 hrs. Contact: W. Lynn Smith, Ph.D., Suite 1120, Franklin Medical Center, 2045 Franklin, Denver 80205. (303) 534-0903.

June 18-19—**Selected Subjects in Electrocardiography.** UCSF and Mt. Zion Hospital and Medical Center at Hilton Hotel, San Francisco. Friday-Saturday. Arrhythmias, conduction disturbances, other selected topics in electrocardiography. \$100. 12 hrs.

June 22-23—**American Diabetes Association.** Sheraton-Palace Hotel, San Francisco. Tuesday-Wednesday. Contact: H. Richard Connelley, Exec. Dir., 18 E. 48th St., New York 10017. (212) 752-8550.

June 24-26—**Endocrine Society.** Hilton Hotel, San Francisco. Thursday-Saturday. Contact: Mrs. Nona Lee Mattox, Exec. Sec., ES, 1211 N. Shartel, Oklahoma City 73103. (405) 232-8747.

July 5-16—**Coronary Care Unit Program for Physicians.** CRMP Area V at Los Angeles County-USC Medical Center. Two week course repeated monthly. Arrhythmia detection, diagnosis and therapy, defibrillation and cardioversion, central venous pressure monitoring and treatment of congestive heart failure, shock and associated respiratory problems, and CCU management in community hospitals. Contact: Gladys An-crum, Dr. P.H., Admin. Assoc., CRMP Area V, 1 West Bay State St., Alhambra 91801. (213) 576-1626.

July 7-10—**International Symposium on Psoriasis.** STAN. Wednesday-Saturday.

July 9-10—**Pulmonary Disease Seminar.** University of California Extension, Riverside at Sproul Hall, University of California, Riverside. Friday-Saturday. \$26. Anatomy and physiology of respiratory tract; pulmonary function testing; epidemiology of respiratory diseases; air pollution and respiratory disease; pulmonary manifestations of systemic disease; tumors; infectious, allergic and obstructive lung disease. \$26. 10 hrs. Contact: Ray Olitt, Program Coordinator, UC Extension, Riverside 92502. (714) 787-4105.

July 24—**Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday. Second in a series of four workshops. \$50.

August 18-22—**Fourteenth Annual Advanced Seminars in Internal Medicine.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs.

August 30-September 2—**Epidermal Wound Healing.** UCSF at Del Monte Lodge, Pebble Beach. Monday-Thursday. Cellular Facets of Wound Repair, Cell Kinetics, Quantitation of Repair, Dermal-Epidermal Interactions, Physical and Chemical Factors Affecting Repair.

September 8—**Sixth Annual Meeting on Kidney Disease.** STAN. Wednesday.

September 8-12—**1971 Advanced Seminars in Dermatology.** UCI at Newporter Inn, Newport Beach. Wednesday-Sunday. Microbiology of the Skin, Carcinogenesis and Cutaneous Cancer. \$100. 40 hrs. Contact: James Graham, M.D., Dept. of Medicine, UCI. (714) 633-9393, ext. 172.

September 13-October 1—**Coronary Care for Physicians Training Program.** CRMP Area IV and Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three-week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid base metabolism, emphasis on practical techniques. \$250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.

September 16—**Differential Diagnosis in Internal Medicine.** USC. One Thursday monthly through December 16.

September 19—**Fifteenth Annual Physicians Symposium on Cardiovascular Disease.** Santa Barbara and Ventura Counties Heart Associations at Biltmore Hotel, Santa Barbara. Sunday. \$20. 7 hrs. Contact: Mrs. Sara Clyde, Exec. Dir., SBCHA, 18 La Arcadia Ct., Santa Barbara 93103. (805) 963-1541.

September 22—**Eleventh Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at Ambassador Hotel, Los Angeles. Wednesday. \$25. 8 hrs. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.

September 24—**Multiple Sclerosis.** UCSF. Friday.

October 8-11—**California Society of Internal Medicine—Annual Meeting.** Newporter Inn, Newport Beach. Friday-Monday. Contact: Cynthia Bell, Exec. Sec., CSIM, 703 Market St., San Francisco 94103. (415) 362-1548.

October 9-10—**Western Dialysis and Transplant Society.** Hilton Hotel, San Francisco. Saturday-Sunday. Hemodialysis and renal transplantation, research. \$10. 16 hrs. Contact: John R. DePalma, M.D., Olive View Medical Center, 14445 Olive View, Sylmar 91342. (213) 367-2231, ext. 2666.

October 14-15—**Diabetes.** USC. Thursday-Friday.

October 14-16—**Forty-First Annual Physicians Symposium on Heart Disease.** San Francisco Heart Association at Hilton Inn, San Francisco Airport. Thursday-Saturday. Myocardial disease, valvular heart disease, pericardial disease, recent advances in cardiopulmonary disease, coronary disease. \$35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Prof. Ed., 259 Geary St., Room 300, San Francisco 94102. (415) 982-5753.

October 16—**Clinical Problems in Gastroenterology.** Woodland Clinic Medical Group and Yolo County Chapter, California Academy of General Practice at Woodland Clinic, Woodland. Saturday. \$5. 6½ hrs. Contact: Gerald F. Peppers, M.D., Woodland Clinic Medical Group, 1207 Fairchild Court, Woodland 95695. (916) 662-4641.

October 16-17—**Pediatric Nephrology.** UCLA. Saturday-Sunday.

October 20-21—**Dermatology.** USC. Wednesday-Thursday.

October 20—**Cardiology in the South Pacific.** USC on tour in the South Pacific. Three weeks through November 9.

October 21-23—**Arthritis.** UCSF and Arthritis Foundation at UCSF. Thursday-Saturday.

October 23—**Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday. Third in a series of four workshops. \$50.

October 28—**Recent Advances in Kidney Disease.** LLU. Thursday. \$25. 8 hrs.

October 28-30—**Chest Diseases in Children.** UCSF. Thursday-Saturday.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on fourth Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases by instructors and guest lecturers. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Coronary Care.** St. Francis Hospital of Lynwood, Lynwood. Second Thursday of each month, 7:30-8:30 p.m. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Fridays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens or current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry.** Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSPB, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—**Medico-Surgical Cardiovascular Seminar.** STAN at Fresno Community Hospital and Valley Medical Center, Fresno. Third Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 326-5600.

Continuously—**Cardiology Conferences—CRMP Area III.** Second Wednesday monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

June 21-25—**Implications for Future Planning in Mental Retardation: Research and Legislative Changes.** Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

August 2-11—**Community Services for the Mentally Retarded.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. One and one-half weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94104. (415) 848-8281.

September 27—**Professional Approaches to Mental Health Services for the Retarded.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Mondays through December 13, 1-6 p.m. 55 hrs. Contact: Portia Bell Hume, M.D., Dir., CTC PMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 2-3—**Mental Retardation and Autistic Children.** UCSF at Napa State Hospital, Imola. Saturday-Sunday.

October 9-22—**Mental Retardation.** UCLA. Two weeks.

OBSTETRICS AND GYNECOLOGY

June 18-20—**Therapeutic Abortion.** PMC. Friday-Sunday. Techniques, social and psychological aspects—counseling, prevention of recurrence, effects on patient and family, attitudes of personnel. \$90.

August 15-18—**Fourth Annual Advanced Seminar in Obstetrics and Gynecology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday. 24 hrs.

September 15-17—**Fetal Monitoring.** USC. Wednesday-Friday.

September 16-18—**Obstetrics and Gynecology Program.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

October 28-30—**Obstetrics Review.** USC. Thursday-Saturday.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

June 18—**Annual Harold K. Faber Day Symposium.** STAN and Childrens Hospital at Stanford at Childrens Hospital at Stanford. Friday.

June 23-25—**Annual Pediatric Seminar.** Childrens Health Center at Sheraton Hotel, Harbor Island, San Diego. Wednesday-Friday. The Preschool Years. \$30. 16 hrs. Contact: David L. Chadwick, M.D., Medical Director, Childrens Health Center, 8001 Frost Street, San Diego 92123. (714) 277-5808, ext. 351.

July 12-14—**Chronic Diseases in Childhood.** STAN and American Academy of Pediatrics at Childrens Hospital of Stanford, Stanford. Monday-Wednesday. Recent advances in diagnosis and treatment of chronic diseases of childhood, improved techniques for the delivery of health services to children with chronic handicapping conditions. Sections on hematology, allergy, rheumatology, clinical immunology, chest diseases, anesthesiology, psychiatry, genetics, renology, radiology, endocrinology, gastroenterology. Contact: STAN.

July 26-30—**Community Health Planning for Services to Children.** See Psychiatry, July 26-30.

August 14-15—**Armchair Allergy.** PMC. Saturday-Sunday. \$55.

September 18—**Childrens Hospital Program.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

October 6-7—**Twenty-Eighth Annual Brenneman Memorial Lectures.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. Viral vaccines, viruses and disease, antibiotics, respiratory viral disease, non-bacterial infections of the central nervous system, clinically distinguishable syndromes due to viruses, the abuse of sodium bicarbonate therapy in neonatal acidosis, etiology of hyperbilirubinemia and its management in the neonatal period, differential diagnosis of biliary atresia and neonatal hepatitis, toxicity of phototherapy in neonatal hyperbilirubinemia. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 753-3704.

October 8-9—**Childhood Trauma.** Childrens Hospital Medical Center of Oakland at Highlands Inn, Carmel. Friday-Saturday. Contact: Inetta Carty, Childrens Hospital Medical Center, 51st and Grove Sts., Oakland 94609. (415) 654-5600.

October 9-10—**Health of the School Child.** UCSF. Saturday-Sunday.

October 16—**Childhood and Adolescence.** See Adolescent Medicine, October 16.

October 16-17—**Pediatric Nephrology.** See Medicine, October 16-17.

October 28-30—**Chest Diseases in Children.** See Medicine, October 28-30.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. 1 hr. Contact: B. M. Kagan, M.D., Cedars-Sinai Medical Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

June 28-July 2—**Comparative Psychotherapies.** USC Division of Postgraduate Psychiatry at Newporter Inn, Newport Beach. Monday-Friday. \$50. 20 hrs. Contact: Donald H. Naftulin, M.D., Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

July 6-16—**Life-Crises and Psychiatric Crisis—Intervention.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

July 19-23—**Legislative Issues in Community Mental Health.** Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

July 19-30—**Community Psychiatry and the Law.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

July 23-25—**Workshops in Clinical Hypnosis and Hypnotherapy.** American Society of Clinical Hypnosis at St. Francis Hotel, San Francisco. Friday-Sunday. \$125. 22 hrs. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., Minneapolis 55414. (612) 331-9452.

July 26-30—**Community Mental Health Planning for Services for Children.** Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

August 2-13—**Community Resources in Clinical Psychiatry.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

August 5-12—**Somatic Therapy.** Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. One week. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-1200.

August 16-27—**Introduction to Mental Health Program Evaluation.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

August 20-22—**International Transactional Analysis Summer Conference.** International Transactional Analysis Association at Claremont Hotel, Berkeley. Friday-Sunday. Preceded by introductory course (8 hrs.) in transactional analysis. \$50. Contact: Exec. Sec., ITAA, 3155 College Ave., Berkeley 94705. (415) 653-1420.

September 28—**Development of Research Instruments for Program Evaluation.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Tuesdays through December 14, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 29—**Mental Health Functions of Community Psychiatry.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Wednesdays through December 15, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 30—**Community Organization for Mental Health.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Thursdays through December 16, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 1—**Crisis Intervention, Case-Finding and Habilitation of Handicapped Children and Youth.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Fridays through December 17, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 7-9—**The Chemistry of Motivation, Mood and Memory.** UCSF. Thursday-Saturday.

October 18-22—**Group Therapy.** UCSF at VA Hospital, San Francisco. Monday-Friday.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, President, 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

June 19-20—**Advances in Clinical Enzymology and Other Laboratory Diagnosis.** UCLA. Saturday-Sunday.

June 21-26—**Pathology of the Lung.** UCSD. Monday-Saturday. Pulmonary structure and function in relation to disease, pulmonary anomalies, emphysema, pneumonias, granulomatous diseases, pulmonary circulatory disturbances and vascular disease, hypersensitivity reactions and collagen diseases, neonatal and pediatric pulmonary pathology, tumors and tumor-like conditions of the lungs and pleura, miscellaneous pulmonary diseases of unknown etiology, methods for the study of pulmonary disease. \$200. 48 hrs.

June 27-July 2—**Society of Nuclear Medicine.** Biltmore Hotel, Los Angeles. Sunday-Friday. Contact: Margaret Glos, SNM, 211 E. 43rd St., New York 10017.

August 3-24—**Neuroradiology.** Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Tuesdays weekly. 8 hrs. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-2100.

October 9—**Scintillation Camera Workshop.** UCSF Saturday.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

June 19—**Clinical Electronystagmography Course.** Los Angeles Foundation of Otolaryngology. Saturday. Doctors urged to bring ENG technician. Anatomy and Physiology of Vestibular System, Demonstration of Techniques of Vestibular Stimulation and ENG Recording and Calculation, Significance of and Interpretation of Electronystagmogram, Vistas in Vestibular Investigation. \$60. 7 hrs. Contact: Jack L. Pulec, M.D., Los Angeles Foundation of Otolaryngology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

June 24-26—**1971 Stanford Ophthalmology Conference.** STAN. Thursday-Saturday. Present state of knowledge in fields of ocular motility and ptosis, strabismus. \$125.

July 6—**Annual Basic Science Course in Ophthalmology.** STAN. Eight and one-half weeks through September 3. Designed primarily for residents. Instruction, lectures and laboratory sessions, emphasis on application of basic science principles to clinical situations and disease conditions.

July 22-30—**Pacific Coast Oto-Ophthalmological Society.** Royal Hawaiian Hotel, Honolulu. One week. Contact: Francis A. Sooy, M.D., Dept. of Otolaryngology, UCSF.

July 26-28—**The Shoulder in Sports.** American Academy of Orthopaedic Surgeons at Hilton Hotel, San Francisco. Monday-Wednesday. \$150. 24 hrs. Contact: Fred Behling, M.D., 300 Homer Ave., Palo Alto 94301. (415) 321-4121.

August 6-8—**Management of Anesthetic Problems in Medical, Obstetrical and Surgical Specialties.** UCLA at Neuropsychiatric Institute, UCLA. Friday-Sunday. 9½ hrs.

August 11-15—**Advanced Seminars in Urology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday.

August 26-28—**Western Section, Association for Research in Vision and Ophthalmology.** Western Section, Association for Research in Vision and Ophthalmology at UCSF. Thursday-Saturday. Contact: Robert A. Nozik, M.D., Local Chairman, ARVO, Department of Ophthalmology, UCSF. (415) 666-9000.

September 14—**Postgraduate Refresher Course on Orthopaedic Surgical Anatomy (Lower Extremity).** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Tuesday evenings through November 16, 7-9 p.m. Prosections by surgical anatomist, cadaveric surgery, clinical discussions. Enrollment limited to 20. \$120. 20 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 16—**Postgraduate Refresher Course—General Surgical Anatomy.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 16—**Postgraduate Refresher Course—Surgical Anatomy of the Head and Neck.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 19-21—**Foot, Ankle and Leg Problems.** American Academy of Orthopaedic Surgeons and UCSF at Jack Tar Hotel, San Francisco. Sunday-Tuesday. \$150. Contact: Robert L. Samilson, M.D., 3850 California St., San Francisco 94118. (415) 922-1313.

September 24-25—**Vascular Surgery.** UCSF. Friday-Saturday.

October 10-14—**Western Orthopaedic Association.** Century Plaza Hotel, Los Angeles. Contact: Vi Mathieson, Exec. Sec., WOA, 354 21st St., Oakland 95612. (415) 893-1257.

October 15—**RX and DX of Knee Derangements.** UCSF at Mt. Zion Hospital and Medical Center, San Francisco. Friday.

October 28-30—**Strabismus.** PMC. Thursday-Saturday.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stan-

ford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes and Circuit Courses

June 17-18—**Sacramento Valley Counties Regional Postgraduate Institute.** CMA, USC and Sacramento County Medical Society at Sahara-Tahoe Hotel, Lake Tahoe. Thursday-Friday. Infections, Immunizations, and Immunology. \$20. Contact: CMA.

June 22—**American Association of Medical Clinics-Western Regional Meeting.** Disneyland Hotel, Anaheim. Tuesday. Contact: Harold E. Kosanke, M.D., Tucson Clinic, 116 N. Tucson Blvd., Tucson 85702. (602) 327-5531.

June 30-July 4—**Eleventh Annual Seminar for General Practitioners.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs.

July 16-17—**Effective Medical Communication.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Friday-Saturday. \$225. 13½ hrs.

August 14-25—**Fourteenth Annual Postgraduate Refresher Course.** USC at Sheraton-Waikiki, Tripler General Hospital, and Kauai Surf Hotel, Honolulu and Kauai. Two weeks.

August 30-September 2—**American Hospital Association.** Civic Auditorium, San Francisco. Monday-Thursday. Contact: Edwin L. Crosby, M.D., Exec. Vice-Pres., AHA, 840 N. Lakeshore Dr., Chicago 60611. (312) 645-9400.

September 15-17—**Emergency Care.** UCSF. Wednesday-Friday.

September 16—**Bedside Clinics.** USC. Thursday evenings through December 9.

September 21—**Emergency Care.** USC. Tuesday evenings through December 7.

September 22—**Cedars-Sinai Alumni Association Symposium.** Century Plaza Hotel, Los Angeles. Wednesday. Contact: Mrs. Barbara Markell, Cedars-Sinai Alumni Sec., Cedars-Sinai Alumni Assoc., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111.

September 28-29—**Computer Program.** USC. Tuesday-Wednesday.

October 1-2—**Western Industrial Medical Association.** Jack Tar Hotel, San Francisco. Friday-Saturday. Contact: Mr. B. H. Bravinder, Exec. Sec., WIMA, 2180 Milvia St., Berkeley 94704. (415) 845-3355.

October 1-2—**Hospital Administration Program.** UCSF. Friday-Saturday.

October 3—**Symposium for Medical Assistants.** UCSF. Sunday.

October 4—**Sex: Past, Present, and Future.** UCSF. Mondays through November 8.

October 5—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, Oakland. Tuesday evenings through December 7, except November 9.

October 14-16—**Liquid Scintillation.** UCSF. Thursday-Saturday.

October 16—**Chronic Crippling Disease.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

October 30—**Symposium on Problems Affecting Professional Liability.** Palo Alto Medical Education and Research Foundation and Palo Alto Medical Clinic at Rickey's Hyatt House, San Jose. Saturday. Contact: Kenneth Campbell, M.D., Palo Alto Medical Clinic, 300 Homer Ave., Palo Alto 94305. (415) 321-4121.

October 30-31—**Program at Fresno Community Hospital.** UCSF at Fresno Community Hospital, Fresno. Saturday-Sunday.

Continuously—**Medical Knowledge Self-Assessment Test Review.** PMC. June through October. Review of American College of Physician's last Medical Knowledge Self-Assessment Test. 720 questions to be reviewed. June 19—Gastroenterology, June 26—Cardiovascular Disease, July 10—Endocrinology and Metabolic Disease, September 11—Neurology, September 18—Rheumatology, September 25—Allergy and Infectious Disease, October 9—Hematology, October 16—Renal Disease and Electrolytes.

Continuously—**What's New Series.** Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Third Wednesday monthly. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-1200.

Continuously—**Basic Science Correlation in Disease.** VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—**Educational Tape Service for Orthopaedists, Rheumatologists.** Orthopaedic Audio-Synopsis Foundation. Monthly recorded teaching program on C-60 cassette tapes available to orthopaedic surgeons, rheumatologists and resident physicians. Twelve monthly tapes, annual subscription rate of \$72 (\$50 for residents). Contact J. Tonn, Managing Editor, Orthopaedic Audio-Synopsis Foundation, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Continuously—**Dean's Day Program.** UCSD. One day monthly, 12:30 p.m., Main Auditorium, University Hospital of San Diego County, San Diego. May 27, Anesthesia; June 24, Neurology. Contact: UCSD.

Continuously—**Biomedical Lecture Series.** UCSD. May 19, 8:00 p.m., Basic Sciences Building, UCSD.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

Continuously—**Medical Media Network** (formerly Medical Television Network) has discontinued Southern California "scrambled" broadcasting in favor of a film and videotape distribution system. Subscriptions for all California hospitals, rental or purchase. Provides physicians throughout the State with current educational programs in local hospitals. Programs in: Diagnosis of Down's Syndrome, Hemodynamic Monitoring—Intra-Arterial Catheters, Coma, Alcoholism, Malpractice, Emphysema, Food Allergies, The Overweight Patient, Headache. Consult the nearest MMN Hospital regarding time and date for viewing. Programs and study guides developed cooperatively by all California medical schools. Contact: Richard R. Getz, Exec. Dir., MMN, 10962 Le Conte Ave., Los Angeles 90024. (213) 825-2071.

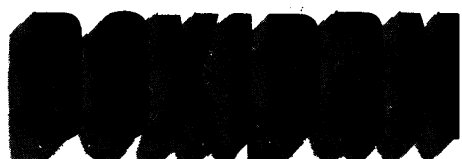
Continuously—**Postgraduate Education Program—Harbor General Hospital.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: June-July, August-September. \$50. 27 hrs. Contact: Malin Dollinger, M.D., Program Director, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, environmental radiation standards and nuclear power plants, overpopulation, abortion and contraception, technological problems of power generation in the United States, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and supersonic transport. Contact: John W. Farquhar, M.D., Assoc. Prof. of Medicine, STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

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Doxidan relieves constipation:

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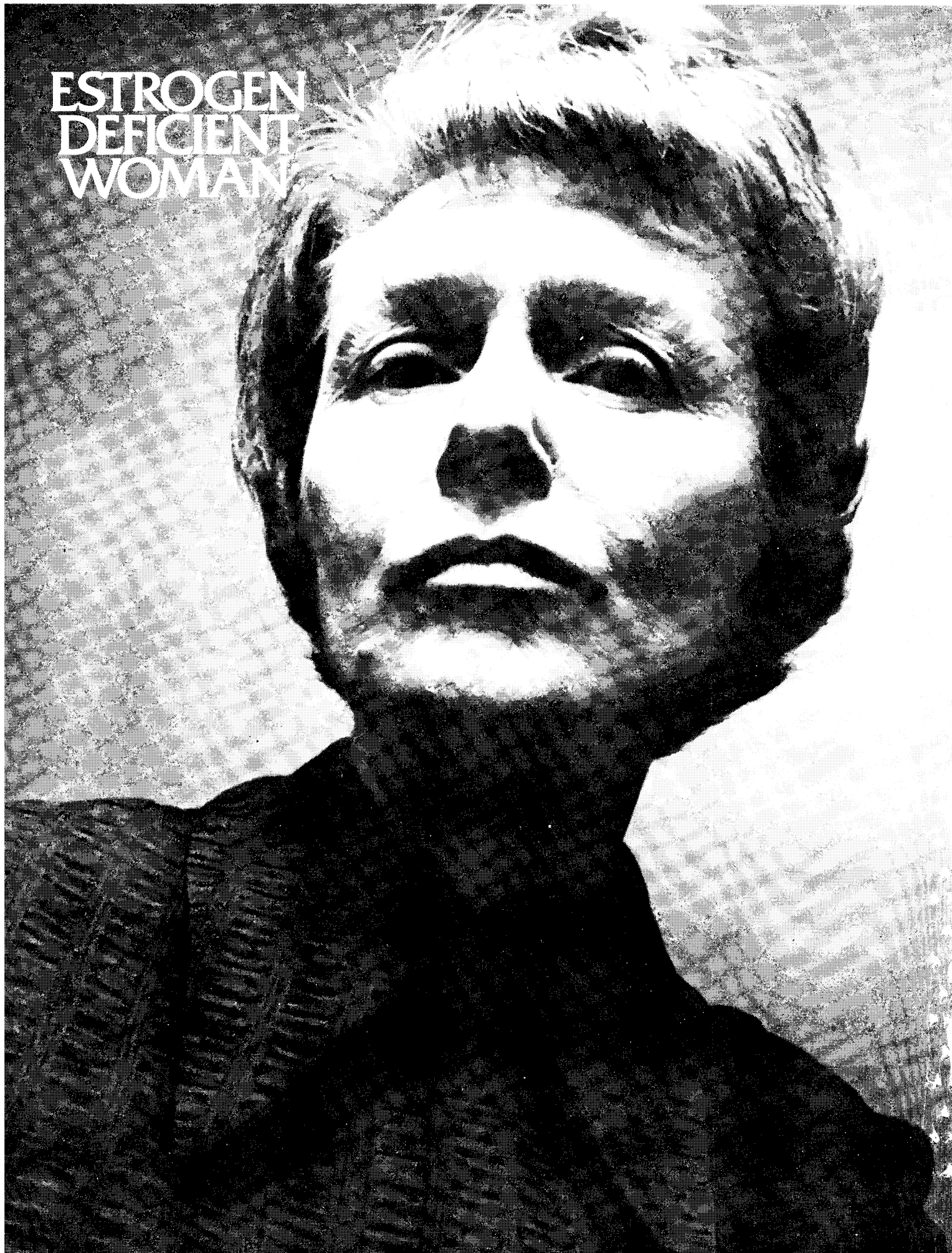
Composition: Each capsule contains 50 mg. danthron N.F. and 60 mg. dioctyl calcium sulfosuccinate. Supplied: Bottles of 30, 100 (FSN 6505-074-3169) and 1000 (FSN 6505-890-1247) and Unit Dose 100's (10 x 10 strips).



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*based on actual drug store survey of prescribed dosages

ESTROGEN
DEFICIENT
WOMAN.



You see her from 45 to 55 with

hot flushes

night sweats

fatigue

headache

palpitations

emotional distress

TREAT HER WITH PREMARIN (Conjugated Estrogens, U.S.P.). PREMARIN offers specific, effective replacement therapy for relief of menopausal symptoms—both physical and emotional—due to estrogen deficiency. It usually provides a "sense of well-being"... helps many patients maintain a more positive outlook.

KEEP HER ON PREMARIN (Conjugated Estrogens, U.S.P.). Continued use of PREMARIN after menopausal symptoms have abated can help protect against further degenerative changes related to estrogen deficiency—changes that often begin in the reproductive organs and extend rapidly to body tissues and skeleton.

REPLACEMENT THERAPY AT ANY STAGE. The estrogen deficient woman can benefit from long term replacement therapy with PREMARIN at any stage—whether she is 45 and suffering symptoms of the menopause... a grandmother of 60 with atrophic vaginal tissue... or an even more elderly patient with osteoporosis. PREMARIN therapy is remarkably well tolerated, and relatively inexpensive.

BRIEF SUMMARY

PREMARIN® (Conjugated Estrogens, U.S.P.).

Indication: PREMARIN is specific for replacement therapy of the estrogen deficiency state characteristic of the menopause and the postmenopause.

Caution: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—

Withdrawal bleeding may occur during this 1 week rest period).

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Suggested Usual Dosage: Menopausal and postmenopausal estrogen deficiency—PREMARIN: 1.25 mg. to 3.75 mg. daily, depending on severity of symptoms. Dosage should be tailored to individual needs of patient. Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

Note: If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. Continue this individualized dosage in subsequent cyclic regimen. *Failure to control bleeding or unexpected recurrence is an indication for curettage.*

Atrophic vaginitis, pruritus vulvae: Cyclically, 1.25 mg. to 3.75 mg. or more is given, depending on tissue response of individual patient.

Available in 4 potencies: *Tablets*—No. 865—2.5 mg. (purple); No. 866—1.25 mg. (yellow); No. 867—0.625 mg. (red); and No. 868—0.3 mg. (green). In bottles of 100 and 1,000.

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of estrogen deficiency

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BRAND OF

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ESTROGENS, U.S.P.**

IF MORE MEN CRIED

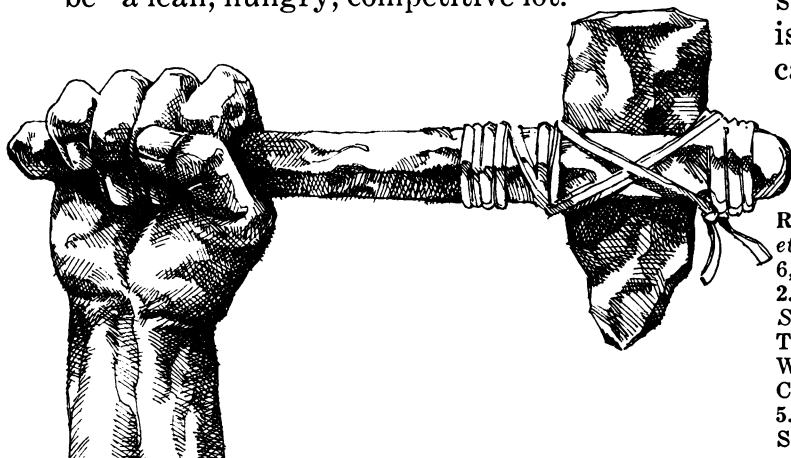


At least seventy-five out of one hundred adults with duodenal ulcers are men.¹

Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."²

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."²

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."³



Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. Schottstaedt



observes that when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.⁴ Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.

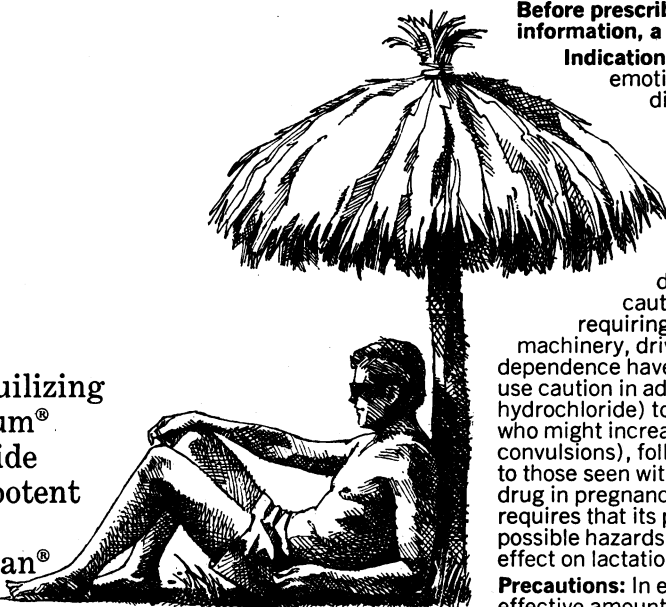
Take away stress, you can take away symptoms.

There is no question that stress plays a role in the etiology of duodenal ulcer. Alvarez⁵ observes that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax.[®] For most patients, the rest cure is as unrealistic as it is desirable. Still, the stress factor must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that com-

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., et al. (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

bines the tranquilizing action of Librium® (chlordiazepoxide HCl) with the potent anticholinergic action of Quarzan® (clidinium Br).

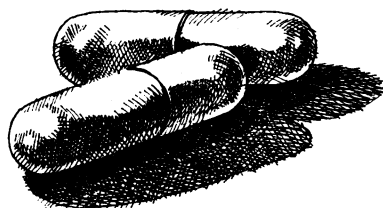


Protects man from his own hungry personality. The action of Librium reduces anxiety—helps protect the vulnerable patient from the psychological overreaction to stress that clutches his stomach. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

An inner healing environment with 1 or 2 capsules, 3 or 4 times daily. Of course, there's more to the treatment of duodenal ulcer than a prescription for Librax. The patient—with your guidance—will have to adjust to a different pattern of living if treatment is to succeed. During this adjustment period, 1 or 2 capsules of Librax 3 or 4 times daily can help establish a desirable environment for healing.

Librax: It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate duodenal ulcer.

Librax: Rx #60 1 cap. *a.c.* and 2 *h.s.*



Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, over-sedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

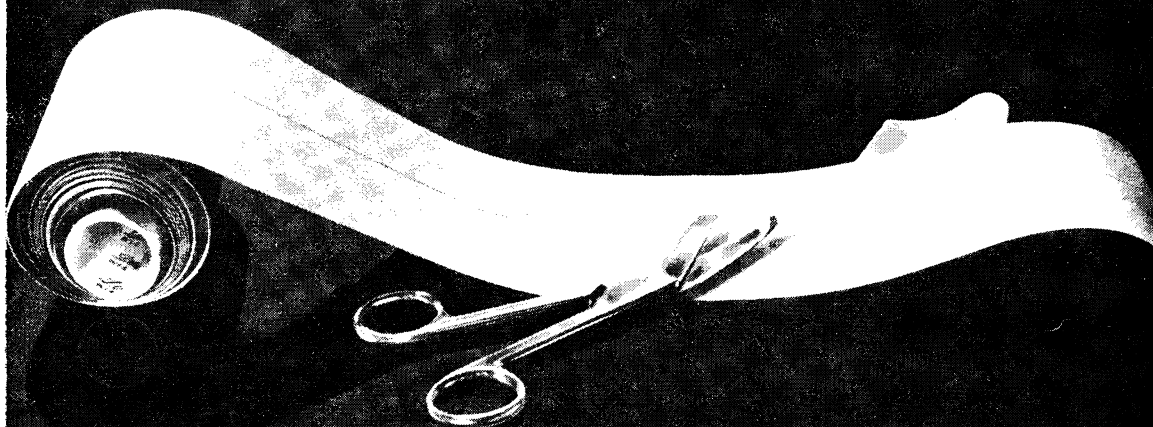
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RECOMMENDATIONS FOR PLACING CAMPBELL'S SOUPS* INTO EXCHANGE LISTS

* These recommendations are based on a *one cup portion* when prepared according to directions on the label. If milk is used in the preparation, use part of your daily requirement.

Exchange Substitution for 1 Bread and 1/2 Fat

Tomato
Tomato, Bisque of
Tomato Rice, Old Fashioned

Exchange Substitution for 1/2 Bread and 1/2 Fat

Asparagus, Cream of

Exchange Substitution for 1 Meat and 1 1/2 Bread

Hot Dog Bean
Split Pea with Ham

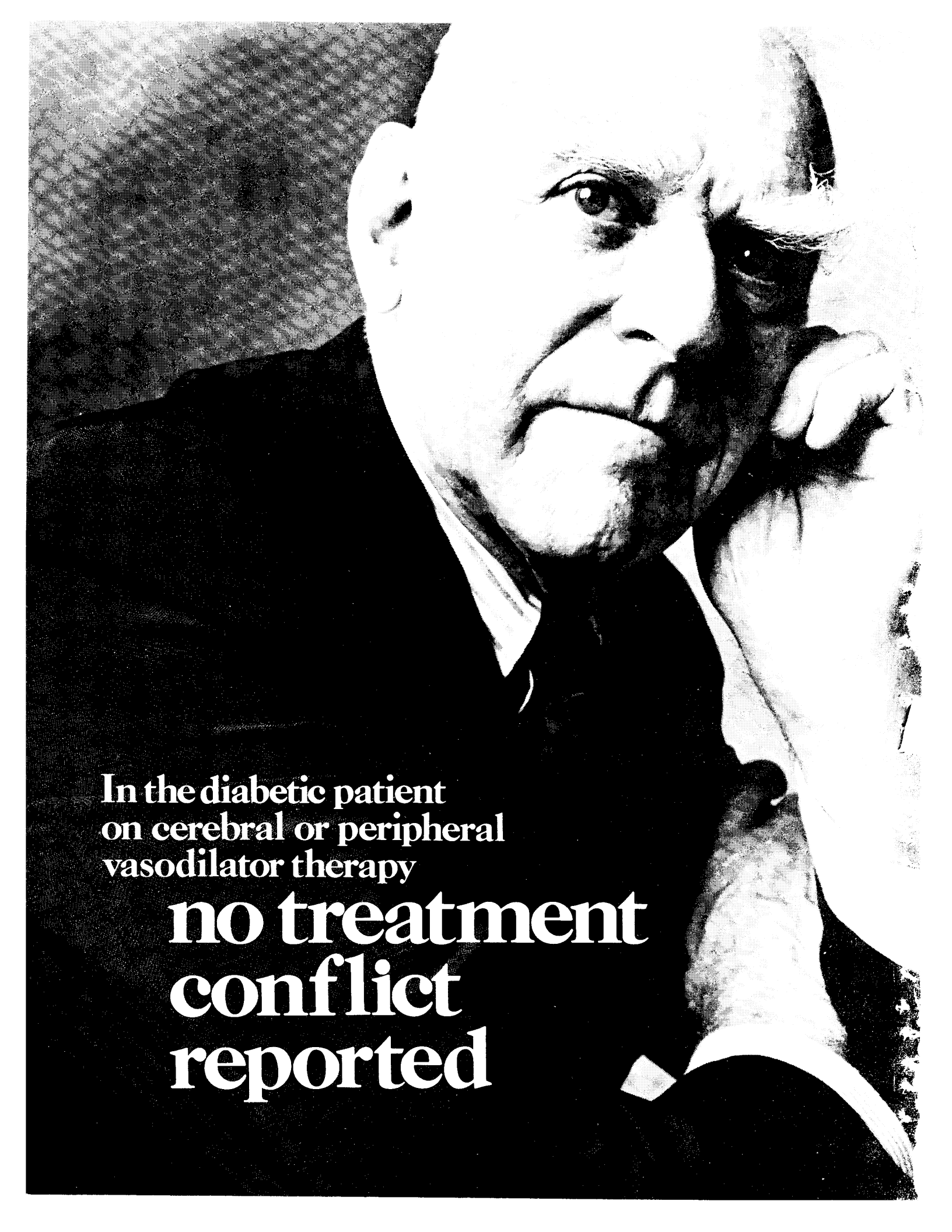
Exchange Substitution for 1/4 Meat and 1/2 Bread

Chicken Gumbo
Chicken Noodle

Campbell's Soups are appetizing and enjoyable and, because of the many varieties available, offer your diabetic patients the opportunity to plan and enjoy more interesting and appealing meals.

*To obtain copies of "Recommendations for Placing Campbell's Soups Into Exchange Lists," suitable for distribution to patients, write to Campbell Soup Company, Dept. 300, Campbell Place, Camden, N.J. 08101.

There's a soup
for almost every patient and diet
...for every meal
and, it's made by *Campbell*



**In the diabetic patient
on cerebral or peripheral
vasodilator therapy**

**no treatment
conflict
reported**



VASODILAN[®]

(ISOXSUPRINE HCl)
the compatible vasodilator

- no interference with diabetic control
...does not alter carbohydrate metabolism.¹
- conflicts have not been reported with diuretics, corticosteroids, antihypertensives or miotics.
- complications in the treatment of coronary insufficiency, hypertension, peptic ulcer, glaucoma and liver disease have not been reported.


In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators²⁻⁵ have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement^{2,5} and observation of clinical improvement.^{3,4}

Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebotic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg, and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories. **References:** (1) Samuels, S. S., and Shaffel, H. E.: J. Indiana Med. Ass. 54:1021-1023 (July) 1961. (2) Clarkson, I. S., and LePere, D. M.: Angiology 11:190-192 (June) 1960. (3) Horton, G. E., and Johnson, P. C., Jr.: Angiology 15:70-74 (Feb.) 1964. (4) Dhrymiotis, A. D., and Whittier, J. R.: Curr. Ther. Res. 4:124-128 (April) 1962. (5) Whittier, J. R.: Angiology 15:82-87 (Feb.) 1964.

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LABORATORIES





Doriden® (glutethimide) and you can count on the rest

He can't even count sheep to counter his insomnia. That old bear market keeps haunting him. It could be so much easier with Doriden.

Because Doriden works nice and easy. Preexcitation is rarely a problem. Morning hangover is also rare.

You could prescribe a tranquilizer to combat insomnia. But Doriden is specifically for sleep. Taken at bedtime only, it means less risk of daytime drowsiness.

It's usually well tolerated in old age, chronic illness, renal or pulmonary dysfunction. With Doriden you both rest assured.

INDICATIONS: For night-time, daytime, and preoperative sedation, as well as during first stage of labor.

CONTRAINDICATIONS: Known hypersensitivity to glutethimide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. Do not operate machinery, drive motor vehicle, or engage in activities requiring complete alertness shortly after ingesting drug.

Dosage of coumarin anticoagulants may require adjustments during and on cessation of glutethimide therapy.

Physical and Psychological Dependence: Physical and psychological dependence have occurred. Prescribe cautiously for patients known to take excessive quantities of drugs. Limit repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors, convulsions, and delirium. Newborn infants of mothers dependent on glutethimide may also exhibit withdrawal symptoms. In the presence of dependence,

dosage should be reduced gradually.

Pregnancy: Use of any drug in pregnancy or lactation requires weighing potential benefits against hazards.

PRECAUTIONS: Total daily dosage above 1 Gm is not recommended for continued administration. In presence of pain, which may counteract the sedative effect of glutethimide, an analgesic should also be prescribed.

ADVERSE REACTIONS: Withdraw glutethimide if a generalized skin rash occurs. Rash usually clears spontaneously within a few days after withdrawal. Occasionally, a purpuric or urticarial rash may occur; exfoliative dermatitis has been reported rarely. With recommended doses, there have been rare reports of nausea, hangover, paradoxical excitation, and blurring of vision. Rarely, acute hypersensitivity reactions, porphyria, and blood dyscrasias (thrombocytopenic purpura, aplastic anemia, leukopenia) have been reported.

DOSEAGE: To avoid oversedation, individualize dosage. Not recommended for children under 12.

Night-time sedation: 0.25 to 0.5 Gm at bedtime. Repeat dose if necessary, but not less than 4 hours before arising.

Daytime sedation: 0.125 to 0.25 Gm t.i.d. after meals.

Preoperative sedation: 0.5 Gm the night before surgery; 0.5 to 1 Gm 1 hour before anesthesia.

First stage of labor: 0.5 Gm at onset of labor. Repeat if necessary.

SUPPLIED: Tablets, 0.5 Gm (white, scored); bottles of 100, 500, 1000 and Strip Dispensers of 100.

Tablets, 0.25 Gm (white, scored); bottles of 100 and 1000.

Tablets, 0.125 Gm (white); bottles of 100.

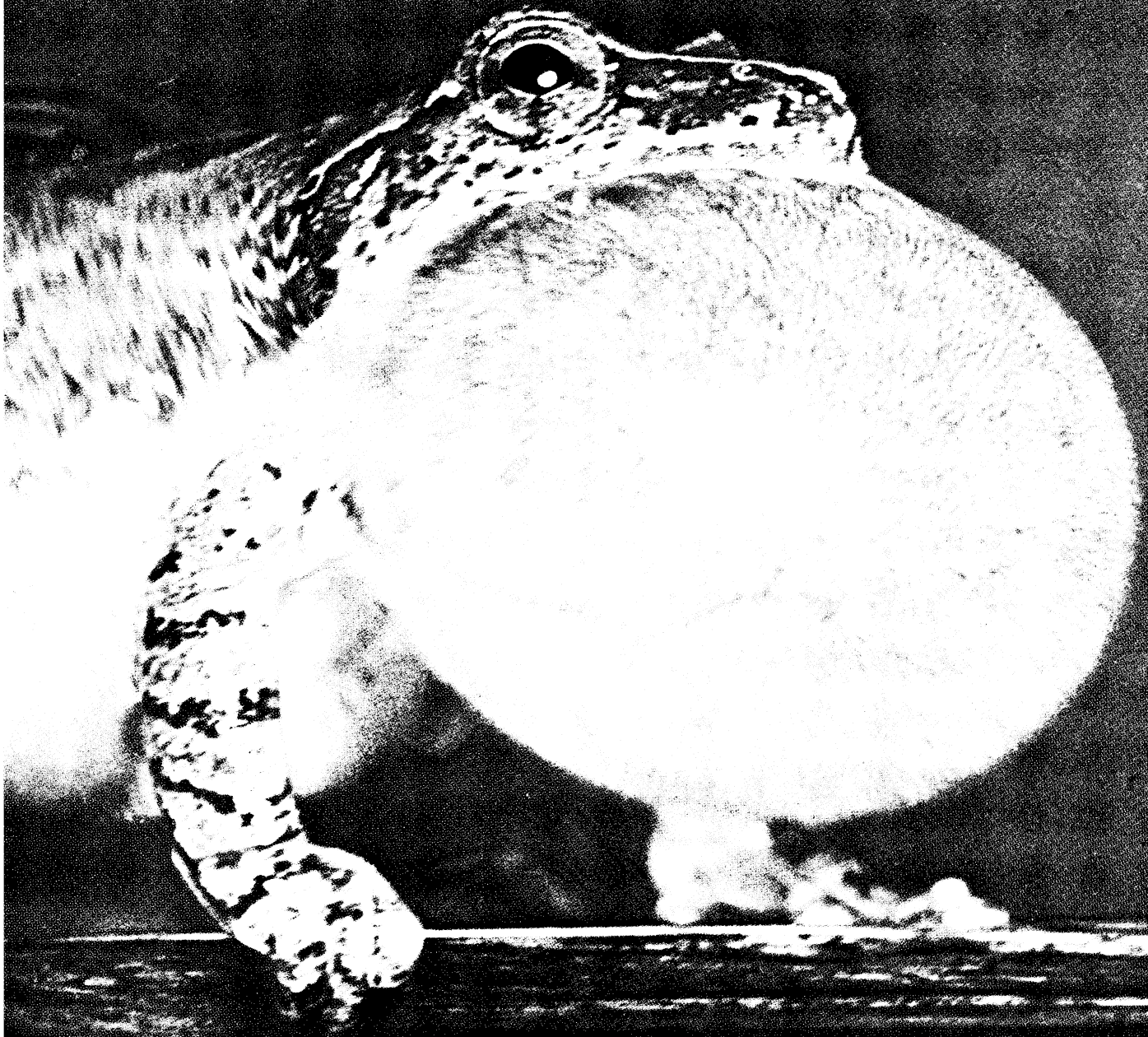
Capsules, 0.5 Gm (blue and white); bottles of 100.

CIBA Pharmaceutical Company
Summit, N.J. 07901

2/4600

C I B A

When irritable colon feels like this



...in the presence of spasm or hypermotility,
gas distension and discomfort, **KINESED®**
provides more complete relief:

- ☐ belladonna alkaloids—for the hyperactive bowel
- ☐ simethicone—for accompanying distension and pain due to gas
- ☐ phenobarbital—for associated anxiety and tension

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or uri-

nary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek *kinetikos*,
to move,
and the Latin *sedatus*,
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.

Regularity— for about half the regular cost.

Especially for your patients on fixed incomes there is ample reason to recommend Regutol. It costs about half what the other stool softeners with dioctyl sodium sulfosuccinate cost. Yet it offers the same quality and advantages as the more expensive brands.

Regutol is gentle. It works without laxative-type irritation. It enables the natural moisture in the colon to soften or prevent hard stools. There's no cramping or urgency. Just a comfortable return to easier, normal evacuation.

Regutol. For older patients or any patient with constipation. It's the gentle approach to therapy...physiologically and economically.

Regutol[®]

Dioctyl Sodium
Sulfosuccinate, 100 mg.
Calcium Pantothenate,
50 mg.

Pharmaco, Inc.

Division of Schering Corporation
Kenilworth, New Jersey 07033





of the
tetracycline-nystatin
products

...none is lower priced

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

373-1

(Continued from page 11)

PHYSICIANS WANTED

STAFF PHYSICIAN. Student health service, Calif. State College, Fullerton, 40 hours/week, \$1,626-\$1882/month. 10 months per year. An exhilarating position in the fastest growing college in the nation. Contact William H. Wickett, Jr., M.D. Phone: (714) 870-2732.

PARTNER to join four-man general practice group in Davis, California. Educational and sabbatical leaves. Call R. F. White. (916) 753-3346 or write Box 9261, Calif. Med.

OFFICES FOR LEASE, RENT OR SALE

OFFICE FOR RENT: good location in the San Mateo. Hillsdale area. 4 rooms in building with two general dentists. Phone (415) 345-7876.

GRASS VALLEY, CALIF. For sale, deluxe medical building. Approximately 2100 sq. ft. of offices, plus basement and large paved parking area. Located adjacent to Nevada County's largest and most modern hospital, walking distance to pharmacies, convalescent homes, and other medical services. This "Erdman" designed and constructed facility has every convenience for one or two practitioners (with practical plan for future expansion). Ready for occupancy. Fixtures and furnishings are also available. Write or phone for floor design, pictures, or any other pertinent information we may offer. Rainbow Realty, 201 W. Main St., Grass Valley, Ca. 95945. (916) 273-8473.

FOR LEASE in Modesto—Medical suite, modern, air conditioned. Three treatment rooms, centrally located at 215 Needham Avenue. Phone (209) 523-3571.

SACRAMENTO—Exceptional opportunity. 850 sq. ft. office space facing tropical garden in new modern building. Great opportunity for GP, X-Ray and lab in building. Other suites occupied by ophthalmologist, orthopaedic surgeon, hand surgeon, surgeon and radiologist. For further info. Park Medical Building, 6945 Fair Oaks Blvd., Carmichael, Ca. 95608. (916) IV3-5011.

FOR LEASE—Two story 4,000 sq. ft. professional building available for group practice or individual practices in March 1972. Has own parking lot and centrally located in South San Francisco. Rent 55 sq. ft. net. Box 9254, Calif. Med.

SANTA BARBARA, CALIF.—Unique ownership participation. Your medical practice rent payment can contribute to your equity build-up in established ultra-modern 20-suite medical center building with excellent location near hospitals. Beautifully finished suites available for immediate occupancy. Box 9262, Calif. Med.

SUNNYVALE, CALIF.—Recently expanded Medical Building in prime location. Presently occupied by 58 physicians and dentists. Very successful medical center in a growing northern California area. Send confidential inquiries to D. H. Hale, Hare, Brewer & Kelly, Inc., 200 Palo Alto Office Center, Palo Alto, Ca. 94301.

PRACTICES FOR SALE

ENTERING RESIDENCY. 4-year-old General Practice in Santa Rosa, Calif. 45 min. north of San Francisco. Available now. Grossing \$80,000 per year. No financial investment needed. Contact Mr. Raymond Najjar, 990 Sonoma Avenue No. 4, Santa Rosa, Ca. 95404, (707) 544-1701.

MANY CALIFORNIA MEDICAL PRACTICES FOR SALE. Various locations and sizes too numerous to list individually. If you are looking for an opportunity to practice contact Professional Practice Sales, 17411 Irvine Blvd., Tustin, Ca., (714) 832-0230, or 1428 Irving Street, San Francisco, (415) 661-0608. Also, appraisals and brokerage services for physicians contemplating sale of medical practices.

(Continued on page 39)

Precision is a natural goal when you prescribe thyroid replacement therapy.

When you prescribe Proloid (thyroglobulin) you specify a precision blend of the two natural active hormones— T_4 and T_3 —in their natural protein, *thyroglobulin*.

It's because Proloid is the natural thyroid hormone-globulin complex extracted and purified of unnecessary glandular debris.

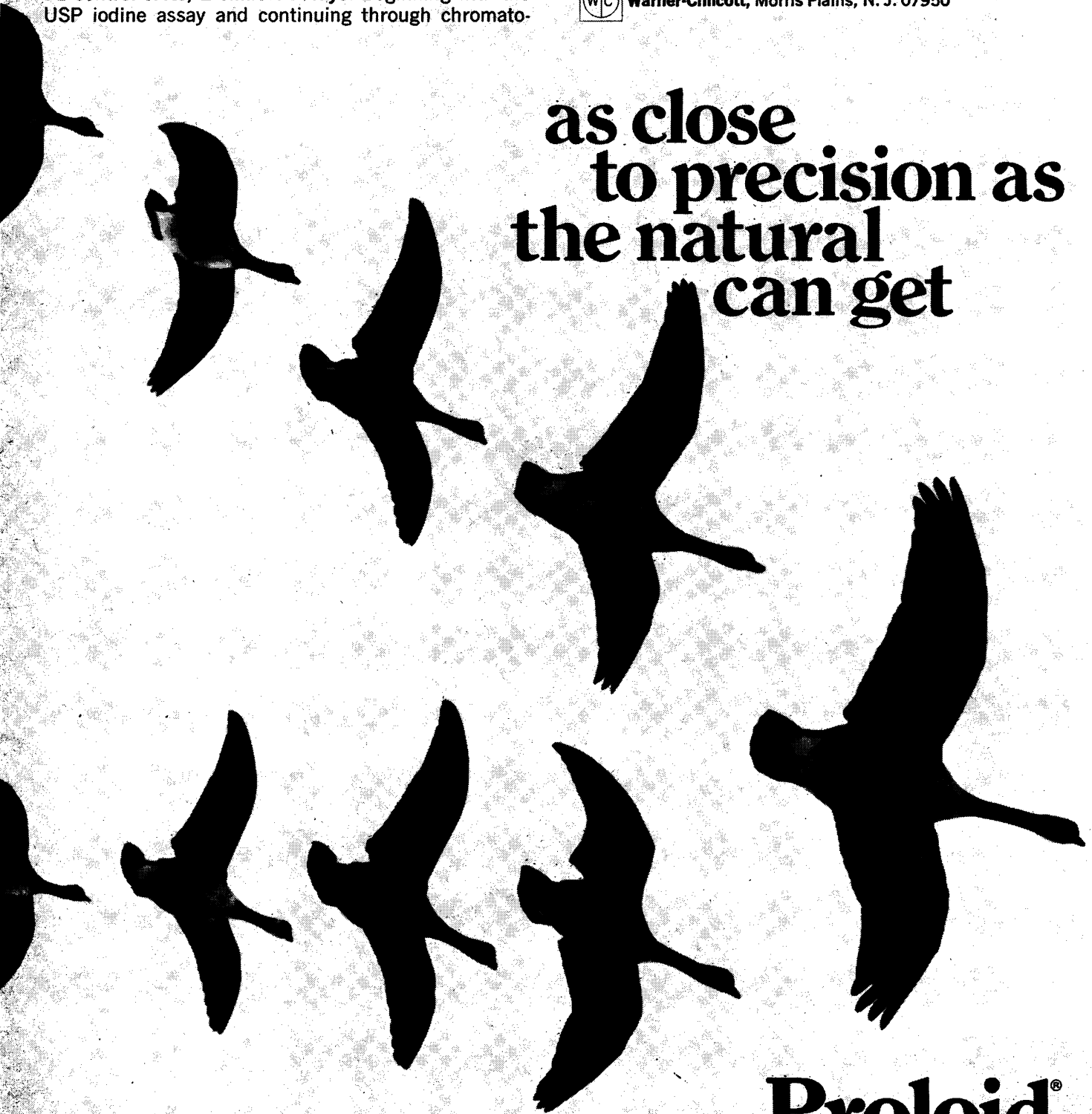
91 control tests, 2 clinical assays: Beginning with the USP iodine assay and continuing through chromato-

graphic analysis for T_4 and T_3 content and including testing in hypothyroid humans—Proloid is made as precise as the natural product can get, batch after batch.

New 2 grain tablet: Precision extends to dosage. With the introduction of a new 2 grain tablet, titration can be even more conveniently achieved with the full range of Proloid dosages: $\frac{1}{4}$, $\frac{1}{2}$, 1, $1\frac{1}{2}$, the new 2, 3, and 5 grain tablets.



Warner-Chilcott, Morris Plains, N. J. 07950



**as close
to precision as
the natural
can get**

Proloid[®]
(thyroglobulin)

the natural for precision

Proloid® (thyroglobulin)

Description: Proloid (thyroglobulin) is obtained from a purified extract of frozen hog thyroid. It contains the known calorigenically active components, sodium levothyroxine (T_4) and sodium liothyronine (T_3). Proloid (thyroglobulin) conforms to the primary USP specifications for desiccated thyroid—for iodine based on chemical assay—and is also biologically assayed and standardized in animals.

Chromatographic analysis to standardize the sodium levothyroxine and sodium liothyronine content of Proloid (thyroglobulin) is routinely employed.

The ratio of T_4 and T_3 in Proloid (thyroglobulin) is approximately 2.5 to 1.

Proloid (thyroglobulin) is stable when stored at usual room temperature.

Indications: Proloid (thyroglobulin) is thyroid replacement therapy for conditions of inadequate endogenous thyroid production: e.g., cretinism and myxedema. Replacement therapy will be effective only in manifestations of hypothyroidism.

In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in non-emergency situations, in an attempt to reduce the size of such goiters.

Contraindication: Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings: Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid, and dosage should be started at a very low level and increased gradually.

Precaution: As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, T_3 131 I resin sponge uptake, T_3 131 I red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use: The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

Dose of Proloid (thyroglobulin)	Dose of desiccated thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	45 mcg
5 grains	5 grains	0.5 mg	125 mcg	

In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms: Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

How Supplied: $\frac{1}{4}$ grain; $\frac{1}{2}$ grain; scored 1 grain; $1\frac{1}{2}$ grain; 3 grain; and scored 5 grain tablets, in bottles of 100 & 1000; and scored 2 grain tablets in bottles of 100.

Warner-Chilcott, Morris Plains, N. J. 07950

(Continued from page 37)

VACATION RENTAL

HAWAIIAN (HANALEI, KAUAI) VACATION beach home for only \$500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available April, May, September 1971 through May 1972, inclusive. Weekly rate \$150.00. For details, pictures and information write Box 9221, Calif. Med.

HOUSEBOAT FUN! On 1,000 scenic miles of Sacramento-San Joaquin Delta Waterways. Cruise, swim, ski, fish or simply relax. Deluxe houseboats equipped for 6-8. Full galley. Hot water and showers. Railed walk-ways around cabin. Dinghy and oars inc. For free color brochure, write HOLIDAY FLOTELS-DELTA, Box CM-8771, Stockton, Ca. 95204. Phone: (209) 477-9544; L.A. Phone: (213) 651-4532.

SITUATIONS WANTED

INTERNIST, BOARD CERTIFIED. Age 50. Excellent Health, in full time practice, experienced ICU and CCU, no problems. Wishes to relocate Northern California with incorporated group or in full time hospital practice. Reply: Box 9263, Calif. Med.

INTERNIST - CARDIOLOGIST. Board qualified. Seeks association with hospital or group to establish practice. Prefer coastside location. Box 9265, Calif. Med.

GENERAL, THORACIC AND CARDIOVASCULAR SURGEON. Board certified. Seeks association with hospital or group to establish practice. Prefer coastside location. Box 9264, Calif. Med.

MEETINGS

101ST ANNUAL SCIENTIFIC ASSEMBLY of the California Medical Association, February 12-16, 1972. San Francisco Hilton Hotel, Mason and O'Farrell Streets, San Francisco.

PHONOCARDIOGRAPHY PULSE TRACINGS-VECTORCARDIOGRAPHY A WORKSHOP

September 27-30, 1971

This is an intensive four-day program covering in detail the field of phonocardiography and pulse tracings and vectorcardiography. Emphasis will be placed on the values and limitations of these techniques and related areas as applies to the patient's diagnostic problems. Two days will be dedicated to phonocardiography and pulse tracings and two days for vectorcardiography. The morning sessions will be devoted exclusively to individual analysis of tracings by the participants under the orientation of the local and guest faculties. This program is intended for those who wish a close and detailed exposure to the values and the limitations of these techniques.

PRESENTED BY: The American College of Cardiology and Institute for Cardiovascular Diseases Good Samaritan Hospital Phoenix, Arizona

AT: Mountain Shadows Resort Hotel Scottsdale, Arizona

PROGRAM DIRECTOR: Alberto Benchimol, M.D., Director Institute for Cardiovascular Diseases Good Samaritan Hospital

GUEST SPEAKER: Bernard L. Segal, M.D. Associate Professor of Medicine Hahnemann Medical Col. and Hospital Philadelphia, Pennsylvania

**FOR INFORMATION
CONCERNING THE
PROGRAM, WRITE:**

Mr. William Nelligan
Executive Director
American College of Cardiology
9650 Rockville Pike
Bethesda, Maryland 20014

EQUIPMENT FOR SALE

ZEISS OPERATION MICROSCOPE I. Apix one year old, complete with power pack. Five magnification steps without alteration of working distance. Very reasonable. (For ophthalmology or E.N.T.). Call Dr. Newman or Dr. Goldstone (213) 785-0441 or (213) 873-5142 or write to: 6375 Van Nuys Boulevard, Van Nuys, Ca. 91401.

ASSOCIATES WANTED

ASSOCIATE in General Practice or Internal Medicine. I have modern 2-year-old office, built for 3 men, on grounds of modern 4-year-old hospital with complete facilities and ICU. I am 52, member of AAGP for 26 years. Woodland, Calif., is in rich Sacramento Valley with excellent general hunting and fishing. Only 20 minutes from Sacramento. (916) 662-8671.

(Continued on page 45)

Thorazine®

brand of
chlorpromazine

versatility
quality
experience

NOW
THERE'S PRICE

Smith Kline & French Laboratories - SK&F

**WHEN THICKENED MUCUS THREATENS IN
ASTHMA/BRONCHITIS/EMPHYSEMA...**

authorities assert:

**“Iodides in one form or another
are almost irreplaceable
for their expectorant action”.¹**

**“It is believed that a trial of
iodide therapy is justified in all
chronic asthmatics”.²**

**Rx the taste-free, convenient,
well-tolerated form of KI -**



iodo-NIACIN[®]

Each Slosol coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. // tabs. t.i.d.

- Liquefies bronchial mucous
- Easily controlled dosage
- No respiratory depression
- Promotes useful coughs



FULL Rx INFORMATION

IODO-NIACIN®

TABLETS

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucous as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

RATIONALE: The signs and symptoms of pellagra, bromism, and iodism are similar in many respects and have been postulated by some investigators to be caused by the same mechanism: poisoning of coenzymes I and II. These enzymes are vital to cellular oxidative metabolism and are essential in the Krebs' cycle. Nicotinic acid is specific for the therapy of pellagra. Its use in the prevention or treatment of iodism follows from the above postulation: a source of replenishment of the pyridine ring structure in coenzymes I, and II.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued.

CAUTION: The causal relationship and exact mechanism of action of iodides of this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

HOW SUPPLIED: Cole's Iodo-Niacin® tablets available in bottles of 100, 500 and 1,000 Slosol coated pink.

REFERENCES:

1. Dworetzky, M.; The Dangers of Therapeutic Agents Used in the Treatment of Asthma, So. Med. J. 62:649, 1969.
2. Leonardy, J. G.; The Use of Iodides in Bronchial Asthma, So. Med. J. 61: 959, 1968

COLE PHARMACAL CO. INC.
St. Louis, Mo. 63108

SPEED

Speed — methamphetamine — is a very dangerous drug. Widespread abuse of the amphetamines is destroying more young minds in California than any other drug.

Drastic effects

A "speed binge" is one of the most physically and psychologically damaging experiences anyone can have. Over-activation of the nervous system is followed by acute depression and exhaustion. Impurities in the drug can kill.

Widely available

Speed is obtained from black market dealers. Often it is of poor quality. Contamination is frequent and produces injurious side effects, such as abscesses, blood poisoning and serum hepatitis from dirty needles.

What to do

According to volunteer clinical teams which include former drug users, there are three basic steps in coping with this dangerous drug situation:

First: Get the facts.

Second: Make a stand based on clinical evidence.

Third: Involve yourself, if the trend is to be reversed.

For further detailed information, write:

**Drug Abuse
Information**

693 Sutter Street
San Francisco, Calif. 94102

For Insomnia...
Noludar® 300
 (methypylon)
 one capsule
 for the rest
 of the night



Before prescribing, please consult complete product information, a summary of which follows:

INDICATION: Relief of insomnia of varied etiology

CONTRAINDICATIONS: Patients with known hypersensitivity to the drug.

WARNINGS: Caution patients about combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness, such as operating machinery or driving a motor vehicle shortly after ingesting the drug.

Physical and Psychological Dependence: Physical and psychological dependence rarely reported. If withdrawal symptoms do occur they may resemble those associated with withdrawal of barbiturates and should be treated in the same fashion. Use caution in administering to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative. Repeat prescriptions should be under adequate medical supervision.

Usage in Pregnancy: Weigh potential benefits in pregnancy, during lactation, or in women of child-bearing age against possible hazards to mother and child.

PRECAUTIONS: If sleeplessness is pain-related, an analgesic should also be prescribed. Perform periodic blood counts if used repeatedly or over prolonged periods. Total daily intake should not exceed 400 mg, as greater amounts do not significantly increase hypnotic benefits.

ADVERSE REACTIONS: At recommended dosages, there have been rare occurrences of morning drowsiness, dizziness, mild to moderate gastric upset (including diarrhea, esophagitis, nausea and vomiting), headache, paradoxical excitation and skin rash. There have been a very few isolated reports of neutropenia and thrombocytopenia; however, the evidence does not establish that these reactions are related to the drug.

Each capsule contains 300 mg of methypylon.



ROCHE LABORATORIES
 Division of Hoffmann-La Roche Inc.
 Nutley, New Jersey 07110

(Continued from page 39)

LOCUM TENENS

SAN FRANCISCO LOCUM TENENS in Internal Medicine, at least 2 years of residency in medicine, for 5 weeks commencing July 15th or preferably July 30, 1971. Monroe E. Alenick, M.D., 3490 - 20th St., San Francisco, Ca. 94110. (415) 826-6343.

LOCUM TENENS, October 1, 1971, to December 15, 1971. College Health Service, \$1708/month, 40-hour week. Contact William H. Wickett, Jr., M.D. Phone (714) 870-2732.

REAL ESTATE FOR SALE

ONE OF A KIND RESTORED VICTORIAN. Built in the 1850's with all the elegance of that period. 8 rooms of beauty located on a wooden knoll in 3 1/2-acre setting of huge oaks, exotic shrubs and some pasture. \$125,000. Valley of the Moon Realty, 232 W. Napa St., Sonoma, Ca. Phone (707) 996-2171.

SPRECKELS ESTATE. In the heart of Sonoma Valley opposite the Estate. 34 gently rolling acres with older home and barn. Creek, road frontage, trees and pasture. \$136,750. Valley of the Moon Realty, 232 W. Napa St., Sonoma, Ca. Phone (707) 996-2171.

MOST ATTRACTIVE VIEW LOT at Incline Village, Lake Tahoe, Nevada. Reasonable. Contact R. W. Brooks, M.D., 1806 Professional Drive, Sacramento, Ca. 95825.

OREGON'S ROGUE RIVER—55 secluded acres, 30 in irrigation. Beautiful home overlooking Rogue River Valley. Excellent landscape. Complete privacy. Wooded parklike setting. No traffic, yet 3 minutes from freeway. Private stream and trout pond, corral, foaling pens. 20 miles from Medford, 8 miles from Grants Pass. \$110,000, excellent terms. Contact Steven Burtnett (213) 439-8385 or Deane Lambert (503) 855-1993, 2719 Rogue River Highway, Gold Hill, Oregon.

NORTHERN CALIFORNIA IN TRINITY ALPS, last of primitive area. Best steelhead fishing and deer and bear hunting. Located on Salmon river. Three miles from Klamath river. Secluded family living, completely furnished. Guest accommodations. Original accommodations. Original cost \$65,000. Widow must sacrifice to close estate. Telephone (415) 648-6032. San Francisco.

Eff- fic- iency

Dicarbosil®

ANTACID

Your ulcer patients and others will confirm it. Specify DICARBOSIL 144's—144 tablets in 12 rolls.



ARCH LABORATORIES
 319 South Fourth Street, St. Louis, Missouri 63102

Synirin®

ASPIRIN 5 GR.—PENTOBARBITAL 1/8 GR.

*ETHICAL ANALGESIA (economical if prescribed
in 100 units with privilege of refills)*

PRESCRIBING INFORMATION: To relieve tension headaches and arthritic pains, 2 tablets q 4 h. Aspirin and pentobarbital begin their action promptly, continuing for about 4 hours. The small pentobarbital content gives no perceptible sedation. Pentobarbital is destroyed by the body and there is no accumulation. Synirin will supply any aspirin therapy with equal safety. Use aspirin with caution in peptic ulcer.

EACH UNCOATED TABLET CONTAINS:

Aspirin325 mg. (5 gr.)

Pentobarbital*8 mg. (1/8 gr.)

*May be habit forming.

Federal law prohibits dispensing without prescription

DISPENSED IN BOTTLES OF 100 AND 1000 TABLETS

**WILLIAM P. POYTHRESS & COMPANY, INC.
RICHMOND, VIRGINIA 23261**

Manufacturers of Ethical Pharmaceuticals Since 1856

A clinical supply of this new aspirin formulation may be requested.

Clinical Extension of a pure Smooth Muscle Relaxant

TROCINATE®

Brand THIPHENAMIL HCl

400 mg./100 mg. S/C tablets

Trocinate relaxes all smooth muscles. Its direct action (musculotropic) does not involve the autonomic nervous system and it is not mydriatic. It is metabolized by the body and eliminated in the urine as harmless degradation products. Trocinate has a remarkable history of freedom from side-effects.

When a pure direct-acting smooth muscle relaxant is indicated, Trocinate is the drug of choice.

DIARRHEA (functional) . . . *the first 400 mg. tablet usually relieves the discomfort of diarrhea so promptly that it ceases to be a bother.*

DIVERTICULITIS—MUCOUS COLITIS
. . . *the accompanying discomforts can be relieved by this direct smooth muscle relaxant.*

BLADDER SPASM . . . *relaxation is immediate. One or two tablets condition the bladder for cystoscopy in one hour.*

SPASTIC URETER . . . *the specific relaxing effect of Trocinate on the spastic ureter has been proven by animal studies and affirmed clinically. (J. Urol. 73:487-93)*

PRESCRIBING INFORMATION

WARNING: Do not give in advanced kidney or liver disease. PRECAUTIONS: Trocinate relaxes all smooth muscles. Large dosage or prolonged usage may cause feeling of weakness or can theoretically precipitate gall-bladder colic, due to relaxing the vascular and duct systems. Caution should be observed in patients with urinary bladder obstruction. DOSAGE: 400 mg. May be repeated in 4 hours. After relief, lengthen the dose frequency. (see side note)

WILLIAM P. POYTHRESS & CO., INC.
RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



"The year-round ear"



Otitis externa isn't just a swimming season problem. Because all year 'round some ears are being abused with an astonishing variety of foreign objects.

Pencils, paper clips, toothpicks, hairpins—poked into the external ear canal—can disrupt the protective layer of cerumen, even the epithelial lining itself. And such disruption may be an important predisposing condition to otitis externa.

Whatever the cause of otitis externa—or time of year—Coly-Mycin S Otic is equipped to handle it. Its comprehensive formula contains colistin and neomycin to destroy the causative pathogens—gram-positive or gram-negative. Hydrocortisone to relieve itching and inflammation. And thonzonium bromide to help the other ingredients penetrate to the source of infection. So symptoms are alleviated promptly... usually within 24 hours. Any day of the year.

In otitis externa

Coly-Mycin® S Otic

with Neomycin and Hydrocortisone
(colistin sulfate—neomycin sulfate—
thonzonium bromide—hydrocortisone
acetate otic suspension)

The "year-round" otic for the "year-round" ear



Warner-Chilcott, Morris Plains, N.J. 07950

COLY-MYCIN® S OTIC with Neomycin and Hydrocortisone

(colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

Each ml contains: colistin base activity, 3 mg (as the sulfate); neomycin base activity, 3.3 mg (as the sulfate); hydrocortisone acetate, 10 mg (1%); thonzonium bromide, 0.5 mg (0.05%); polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

Indications: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long-standing otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

Supplied: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.

CMD-6P-12-B & W

LSD

LSD ("ACID") is a synthetic chemical compound: d-lysergic acid diethylamide.

It is one of the most popular drugs in the underground drug cult today.

Its direct effect is rarely fatal and apparently not physically addictive. But, its effect on the mind is entirely unpredictable.

It is an hallucinogen...

It can be a psychedelic that takes the mind on a "magical mystical" trip. Or...

It can create a mental disaster, resulting in panic, psychosis or depression that can remain or flashback long after the initial effects of the drug have worn off.

Its effect on animal and human chromosomes and genes is still unknown.

No one can be sure how any given amount will affect any one person at any one time, even in the most apparently stable subject.

Why was LSD developed, how is it obtained?

LSD was first produced by accident in 1938. Subsequently, it has been used as a research drug in several areas including the study of psychoses. It has provided new insight into psychological behavior and in understanding how the brain functions chemically. However, the Food and Drug Administration has not sanctioned LSD for anything other than research. Use for any

other purpose is illegal. Yet, an illicit product, often found to be questionably synthesized and mixed with other compounds or drugs, is widely available.

How is LSD taken?

Because LSD is so potent, (4,000 times more potent by weight than naturally grown mescaline and psilocybin) it can be "dropped" in a variety of ways. When diluted, LSD may be taken by ampule or hypodermic, but these two methods are rarely used. The white powder or clear liquid in purer form is far more potent. Dangerous, pinhead-sized amounts of the tasteless, odorless drugs are easily concealed in sugar cubes, chewing gum, even postage stamps.

What can happen when you "drop" LSD?

Reality can dissolve. Time and space relationships can be lost. One may "hear" colors or "see" sounds. A feeling of "total wisdom" and "new insight" may wash over the user, altering his perception of surroundings. The user may feel relaxed, extremely self assured, and powerful or he may become anxious and apprehensive. He might feel he can stop a freight train with his body... or, want to jump out a window, "a bird frightened to flight".

Short-term physical effects include an increase in blood pressure,

heart rate and blood sugar. There is the possibility of nausea, chills, irregular breathing, sweating and trembling of the hands. Sleep will likely be deferred until the drug's effect wears off. Pupils will probably be dilated. Users will often have to protect their eyes with dark glasses even indoors or at night.

Long-term effect includes loss of interest in normal daily routines. The user may leave family and friends, become highly introspective and live only for the next "trip".

Who are drug abusers and why?

Curiosity, desire to experiment, dissatisfaction with "the establishment" and a search for a pleasurable release from a variety of physical and mental pressures and depression are all factors leading to drug abuse. In what has become a "pill-taking" adult society, young people are particularly vulnerable. They are more often introduced to drugs by friends than outsiders and it's pretty hard to refuse a friend. It's harder still to resist a group. The problem is, as psychologists cannot predict which social drinkers will become alcoholics, there is no sure test for spotting a potential drug abuser. However, repeated use may eventually lead to a psychological dependency on drugs that can't be broken.

LSD. It can be a psychedelic that takes the mind on a "magical mystical" trip. Or, ...

It can create a mental disaster, resulting in panic, psychosis, or depression that can remain or flashback long after initial effects of the drug have worn off.

Think about it.

Drug Abuse is a problem. Get the facts. Once you have the facts, see that those who need them get them. For more information, contact:

Drug Abuse Information
693 Sutter Street
San Francisco, California 94102

DIRECTORY

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You Can't Blame a Girl...

(when her
husband's
at fault)



Flagyl[®] brand of metronidazole

Cures Trichomoniasis in Both Women and Men

About half of all husbands of infected women harbor *Trichomonas vaginalis*.*

Few of these men have symptoms. Even so, all are capable of perpetuating the infection and rendering treatment of a woman alone futile.

Only a systemically active medication like Flagyl is capable of reach-

ing the hidden reservoirs of infection in the genitourinary tracts of both men and women.

Only Flagyl has been able to achieve rates of cure consistently above 90 per cent and often up to 100 per cent in trichomonal infections in both men and women.

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

Contraindications: Evidence of or a history of blood dyscrasia, active organic disease of the central nervous system and the first trimester of pregnancy.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. There is no accepted proof that Flagyl is effective against other organisms and it should not be used in the treatment of other conditions. Exacerbation of moniliasis may occur.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, drowsiness, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous

eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, vaginal burning, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified.

Dosage and Administration: *In the Female.* One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male.* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

Dosage Forms: Oral tablets . . . 250 mg.
Vaginal inserts . . . 500 mg.

*References available on request.

SEARLE

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Research in the Service of Medicine

The hypochondriac fugitive from anxiety

For many patients with hypochondriacal tendencies, physical complaints represent a device by which they can avoid facing emotionally charged personal problems. When anxiety is pronounced, the calming action of Librium (chlordiazepoxide HCl), by relieving anxiety, may foster communication, favor productive counseling and accelerate relief of anxiety-linked symptoms.

Librium is used alone or concomitantly with certain primary drugs for some medical conditions associated with undue anxiety. It has demonstrated a dependable antianxiety action in many clinical areas. For oral administration, Librium is supplied in three dosage strengths to control mild, moderate and severe anxiety.

whenever moderate to severe anxiety is a contributory factor

Librium® 10 mg
(chlordiazepoxide HCl)
1 or 2 capsules
t.i.d./q.i.d.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Supplied: Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl.

ROCHE

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Nutley, N.J. 07110

